

Response-Centered Therapy: The Good, Bad, and Ugly

Jerold D. Bozarth

University of Georgia, Person-Centered International

In the article: “Non-Directivity: An Attitude or a Practice?” behaviorism once again becomes the representation of client-centered therapy in an extension of a paper presented by Frankel in 1988 and further outlined in a more recent article by Frankel and Sommerbeck (2005). The fundamental premise of the authors’ argument is that client-centered therapy consists of “rules of engagement” that are adhered to by the therapist without deviation. These rules of engagement are embedded in therapist response repertoire and referred to as *unwavering* “empathic reflections.” Any deviation from this response style is considered to be a “prod,” which is defined as “any comment made from an external frame of reference (unempathic) that is made to enable the client to either gain insight or give psychological support” (p. 48). With this bit of behavioral sophistry, the authors become the definers and evaluators as well as the dictators of what constitutes the nondirective approach of client-centered therapy.

The Good

The “good” part of the response-centered model is that there is agreement with client-centered theory that the main thing for the therapist to do is to attend to the client’s frame of reference and to provide unconditional positive regard toward the client (Rogers, 1959). I suspect that the authors would agree with my statement: The essence of the approach is that

‘The therapist goes with the client—goes at the client’s pace—goes with the client in his/her own ways of thinking, of experiencing, of processing . . . To be up to other things—whatever they might be—is a ‘yes, but’ reaction to the essence of the approach” (Bozarth, 1998, p. 11).

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I doubt that the authors would consider this statement as a guideline for practice since it is only their behavioral correlates that are considered appropriate practice guidelines.

The Bad

The “bad” assumptions in their discourse begin when the authors blatantly ignore client-centered theory (Rogers, 1959) while creating a “Rogers 1/Rogers 2” dichotomy. The ostensible reason for their rejection of the theory (and the notion of a different theory) is that congruence or “genuineness” became a central consideration for Rogers post-1951. By their definition, “genuineness” is comprised (exclusively, it seems) of prods. This turns out to be an additionally bad twist of reasoning in that the authors criticize a version of genuineness that has little to do with Rogers’ theoretical definition. For Rogers (1959), congruence was the revising of the “concept of self to bring it into congruence with his experience, accurately symbolized” (p. 206).

In addition, the rationale to transform client-centered theory to response-centered therapy by seeking support from Rogers’ (1951) book, “Client-Centered Therapy,” is so bad that even a cursory review of the chapter titles in the book refute their claim. Rogers refers to therapist responses with such comments as: “it is entirely possible that the simple concept of ‘an accurate reflection of feeling’ no longer fits the therapist’s behavior. . . (that). . . the therapist becomes a companion to the client” (Rogers, 1951, pp. 112-113). He goes further: “The words—of either client or counselor—are seen as having minimal importance compared with the present emotional relationship which exists between the two” (p. 172).

The argument for “Rogers-1” has gradually become relegated to the assertion that Rogers’ examples of therapy were primarily empathic reflections pre-1951 and less so post-1951. However, it turns out that the differences between Rogers’ pre- and post-1951 responses are minimal (Brodley and Brody, 1990; Brody, 1991). Rogers’ theory or response repertoire did not significantly change between 1951 and 1987.

The Ugly

The “ugliness” in their discourse is characterized by hasty generalizations and obtuse innuendo that is manifest in their selected analysis of a couple of my written comments. The underlying message is that I *say* that the client is her own best expert but that I really don’t act that way (as the authors believe to be true of many client-centered therapists).

Frankel and Sommerbeck attempt to make their point by critiquing my scenario of a resident in a mental hospital. This is an ironic selection since the facts are that I had to convince most of the mental hospital staff not to interfere with my trust of the client’s direction. I trusted “Howard” in his decision to discontinue therapy for more than a year, later trusted him to search for a job while others smirked at trusting him, trusted him to enter a job that staff thought might endanger others, and trusted him enough to smile at his evolution from a knife-wielding “paranoid” to a professional barber (perhaps smiling is a prod). Nevertheless, they apparently think they prove my hypocrisy by selecting a statement that I make: “If I doubted his decisions, I would have shared this with him in depth as I did with many clients.” Their analysis of the statement is virtually meaningless since they have no idea of my meaning, ignore the context of the statement, and adhere only to their rigid system of analysis.

A second example that they exhume from a 1984 book chapter is a very brief example that I offered from my supervision of a supervisor’s session with a therapist. The supervision session is another curious selection by the authors since there were other examples ripe for critique that are directly related to therapy. The chosen example appears to allow more opportunity for the authors to cast innuendo about motives and meanings that go beyond their simple behavioral analysis of “unwavering empathic reflections.” As such, their characterization of the supervisor’s “confession of sexual attraction” is a sound bite that is juicier than the supervisor’s attempt to clarify his *persistent* feelings in an effort to reduce empathic barriers (a concept periodically proposed by Rogers).

The Truth

The truth is that Frankel and Sommerbeck adhere to a quasi-behavioral model of therapy that dismisses “attitude” as a meaningless construct. Their discourse is primarily directed toward deconstruction of client-centered theory (Rogers, 1959) in order to provide their behavioral response model as a replacement of the theory.

References*

Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of science: Vol. 3. Formulation of the person and the social context* (pp. 184-256). New York: McGraw Hill.

* All other references can be found in the Frankel and Sommerbeck article.